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CONFIRMATION NO. 9513

<b>SERIAL NUMBER</b> 09/758,646	<b>FILING OR 371(c) DATE</b> 01/11/2001 <b>RULE</b>	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 3623	<b>ATTORNEY DOCKET NO.</b> 3154.1000-000
<b>APPLICANTS</b> Amy Case, North Hampton, NH;				
<b>** CONTINUING DATA *****</b>				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 02/26/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> NH	<b>SHEETS DRAWING</b> 24	<b>TOTAL CLAIMS</b> 14 <b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> 21005				
<b>TITLE</b> DIAGNOSTIC METHOD AND APPARATUS FOR BUSINESS GROWTH STRATEGY				
<b>FILING FEE RECEIVED</b> 1010	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	